## **APPLICATION DATA SHEET**

Electronic Version v14

Stylesheet Version v14.0

Title of Invention Simplified Disabled Housing

Application Type: regular, utility

Correspondence address:

Customer Number: 44315

Inventor Information:

Inventor 1:

Applicant Authority Type: Inventor

Citizenship: US
Name prefix: Mr.
Given Name: Aaron

Middle Name: Robert Family Name: Lema

Residence:

City of Residence: Riverside

State of Residence: CA
Country of Residence: US

Address-1 of Mailing Address: 2969 David Street

Address-2 of Mailing Address:

City of Mailing Address: Riverside

State of Mailing Address: CA

Postal Code of Mailing Address: 92506

Country of Mailing Address: US

**Phone:** (909)377-9345

Fax:

E-mail: aaron\_lema@yahoo.com

Assignee 1:

Name prefix: Mr.

Given Name: Aaron

Middle Name: Robert

Family Name: Lema

Address-1 of Mailing Address: 2969 David Street

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